through every mental activity and function. It complicates the other varieties of hysterical amnesia, and does much to give to the classic hysteric his peculiar physiognomy. His apparent indifference, his caprices, and his astonishing suggestibility depend largely upon disorders of memory.

Amnesia furnishes the starting-point of the most varied symptoms. Like hysterical anæsthesia, it is not due to destruction of elementary psychological processes of sensation or mental imagery, but it is due to weakness or want of power in the centralizing energy. It is always a question of personal perception incapable of connecting all the elements that make up the whole personality: hence, localized or general amnesia, special or general anæsthesia, mutism, somnambulism, etc. L. F. B.

Ascending Degenerations resulting from Lesions of the Spinal Cord in Monkeys.—(Mott, "Brain," summer number, 1892.) The investigations were undertaken by Mott with a view of tracing the antero-lateral tract to its destination; also of ascertaining the physiological effects of its division first on one side and then on both sides.

The antero-lateral tract was divided, either on one side or on both sides.

A summary of the results obtained by these experiments is as follows: The peripheral portion of the anterior and lateral columns consists in a great part of ascending and descending cerebellar fibres. The former may be divided into a ventral and a dorsal portion, which may be termed the *ventral and dorsal ascending cerebellar tract*, instead of antero-lateral and direct cerebellar. The ventral portion may be completely divided in monkeys apparently without producing analgesia. The ascending cerebellar tract, consisting of ventral and dorsal portions, form a connecting bridge between the superior vermis of the cerebellum and cells in the cord. The dorsal portion connects the cells of Clarke's column with the dorsal portion of the superior vermis. The ventral portion connects certain cells of the cord with the ventral portion of the superior vermis.

Section of the antero-lateral column in the cervical region produces a much denser degeneration amidst the arciform fibres than can be accounted for by the slight injury to the direct cerebellar fibres; the *very extensive tract* of degeneration corresponding to Gower's antero-lateral tract, which, with Löwenthal, the author agrees should be called ventral cerebellar, has been traced in the monkey to the superior vermis by way of the superior cerebellar peduncle, forming in its course a remarkable loop over the fifth nerve. Scattered fibres belonging to the fillet can be traced as far as the anterior quadrigeminal body of the same side. J. C.

PSYCHOLOGICAL.

The Visual Field in the Insane and its Relation to the Other Senses.—Dr. Luigi Roncoroni, of Turin, has collected considerable material in Professor Lombroso's clinic in Turin, which he has published in the September number of the "Giornale della R. Accademia di Medicina di Torino." His conclusions are:

1. That the visual field is more frequently irregular when it is somewhat restricted than when it is normal or much restricted.

2. In mania the visual field is, in half of the cases, normal. It is frequently simply contracted, without any irregularity of its border. In one case only was it much contracted.

In melancholia it is normal in a very small proportion of cases (three out of eleven). It is more frequently restricted (eight out of eleven). In two cases it was very much restricted, and in one case the border was irregular. Those cases in which the visual field was normal were on the way to recovery.

In monomania the visual field is quite frequently normal (seven out of eighteen cases), but slightly restricted in seven out of eighteen. These fourteen cases presented no irregularity of the field. In one case it was restricted and irregular, in two cases much restricted but irregular, and in one case much restricted and irregular.

In epilepsy the visual field was found normal in only two cases out of eleven, regular in five cases (in two of which it was restricted and one much restricted). In half of these cases the field was irregular. These results agree with those of Dr. Ottolenghi, published in a former number of this journal.

In progressive paralysis the visual field was normal in one case out of four, restricted in three cases (of which one was irregular).

3. The alterations of the visual field are not always due to alterations in the fundus of the eye, of the vision, or of the refraction, but, as was demonstrated, more the